

Committee Name: Nevada Optometric PAC

Contributions in excess of \$100 or, when added together, in excess of \$100

Contributor's Name & Address	Date of Ea Contribution	Amount of Ea Contribution	Check Here Loan
David Hubbard 6135 Lakeside Drive #117 Reno, NV 89511	12/3/02	100.00	
Tyson F. Kales 535 S. Arlington Avenue Reno, NV 89509	11/01/02	500.00	
Harlan K. Kopolow 4300 Meadows Lane #1066 Las Vegas, NV 89107	11/01/02	750.00	
Mark Michitsch 10580 North McCarran Blvd. Reno, NV 89503	12/3/02	250.00	
Trang T. Tran 540 Marks Street Henderson, NV 89014	11/22/02	1,000.00	

Name (print) _____

Office (if applicable)

District (if applicable)

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EL201.doc

Revised: Apr-02

**Committee for Political Action
Campaign Expenses**

Report Period No. 3

Committee Name: NEVADA OPTOMETRIC PAC

Expenses in Excess of \$100

Name and Address of Person, Group or Organization who received the Payment for the Expenses	Category of Expenses (List Code)	Date(s) Of Each Payment	Amount(s) of Each Payment
Walter Andonov P.O. Box 531106 Henderson, NV 89053		12/11/02	500.00
Chad Christensen 9101 W. Sahara Ave, Ste 105 Las Vegas, NV 89117		11/21/02	500.00
Marcus Conklin 1600 Palmae Way Las Vegas, NV 89128		11/21/02	500.00
Tom Grady 43 Fairway Drive Yerington, NV 89447		11/21/02	500.00
Josh Griffin 631 North Stephanie St., Ste 566 Henderson, NV 89014		12/11/02	500.00
Peggy Pierce 5304 Gipsy Avenue Las Vegas, NV 89107		11/21/02	500.00

District (if applicable)

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NEVADA OPTOMETRIC PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
NONE				

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Name (print)

District (if applicable)

Contributions of \$100 or Less

[illegible]

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NEVADA OPTOMETRIC PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE			

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NEVADA OPTOMETRIC PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND
Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
NONE		

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Prescribed by Secretary of State
 NRS 294A.120, 294A.140, 294A.150
 294A.200, 294A.210, 294A.220, 294A.362

Name (print) NEVADA OPTOMETRIC PAC

Office (if applicable) _____

District (if applicable) _____

Expense Categories

CATEGORIES	CODE
Office expenses NONE	A
Expenses related to volunteers NONE	B
Expenses related to travel NONE	C
Expenses related to advertising NONE	D
Expenses related to paid staff NONE	E
Expenses related to consultants NONE	F
Expenses related to polling NONE	G
Expenses related to special events NONE	H
** Goods and services provided in kind for which money would otherwise have been paid NONE	I
Other miscellaneous expenses NONE	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**